



Commonwealth of Virginia

## Certification Application for Participating Tobacco Product Manufacturers (PM)

*Note: All fields must be filled in and all attachments/supporting documentation must be included with the certification application before it will be considered for review.*

**Part 1:**                      Type of Certification Application:                      Sales Year:

<input type="checkbox"/>	Initial Certification - Applicant is not currently listed on the Virginia Tobacco Directory.
<input type="checkbox"/>	Annual Certification Application - Due April 30th, for continued listing on the Virginia Tobacco Directory.
<input type="checkbox"/>	Supplemental Certification Application - Change of information provided to the Attorney General, request to add brands to the Virginia Tobacco Directory, request to remove brands from the Virginia Tobacco Directory. <i>(Due 30 days prior to any desired change in previously approved Certification Application)</i>

**Part 2:**                      Tobacco Product Manufacturer (TPM) Identification:

Full Legal Name:		
Type of Business:		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other ( <i>specify</i> ) _____		
State/Country Where Created, Incorporated, or Registered:	Federal Employer Identification Number:	Federal Tobacco Manufacturer/Importer Permit Number:
Trading as ( <i>list all names ever used</i> ):		
Physical Address:		
Mailing Address:		
Phone Number:	Fax Number:	
Email Address:	Web Address:	
Name and Title of Contact Person:	Phone Number:	Email Address:
Name and Title of Person Completing Application:	Phone Number:	Email Address:

**Part 3:**                      If the Tobacco Product Manufacturer is represented by outside counsel for the purpose of compliance with Va. Code § 3.2-4200 *et seq.*, provide the following:

Name:		
Firm:		
Address:		
Phone Number:	Fax Number:	Email:

**Part 4:** Fabricator Identification:

<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Does the TPM fabricate/blend its own cigarettes/RYO? *If no, please provide the following fabricator identification information:		
Company Name:			
Contact Name:		Title:	
Physical Address:			
Mailing Address:			
Phone Number:		Fax Number:	
Email Address:		Web Address:	

**Part 5:** Contract Manufacturing:

<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Does the TPM currently manufacture, or has it previously manufactured, for another company? *If yes, please provide the following information:		
BRAND	Sold in Current Year? Y/N	Currently Manufactured? Y/N	Manufacturer

(attach additional pages if needed)

**Part 6:** Brand Families and Brand Styles the TPM seeks to certify and take Master Settlement Agreement responsibility for:

[illegible]

(attach additional pages if needed)

**Part 7:** For each Brand Family and Brand Style, list the entity that actually packaged the cigarettes with the US Surgeon General Warnings (*cigarettes only*):

[illegible]

(attach additional pages if needed)

**Part 8:** Required Attachments, Supporting Documentation and Assertions:

<b>Response Provided</b>	<b>Attach the following documents or Information</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	A list of trademark owners, including street address and telephone number for each Brand Family identified.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of current ownership of (or assignment of rights to) trademarks for all brand families for which the TPM is seeking certification.
Yes <input type="checkbox"/> No <input type="checkbox"/>	For each Brand Style, images of all packaging must be included with the Initial, Annual, or Supplemental Certification Application. TPM's may submit either a disc or flashdrive containing photos of current packaging.
Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of the TPM's Tobacco Tax Bureau (TTB) permit(s) as manufacturer and/or importer.
Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of each month's reports filed with the TTB.
Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of each month's report filed with the Virginia Department of Taxation (TT-18).
Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of the registration filed with the Virginia Department of Taxation pursuant to the Prevent All Cigarette Trafficking ("PACT") Act, and a copy of each month's report filed with the Virginia Department of Taxation regarding shipments made into Virginia pursuant to the PACT Act.
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	A copy of the Federal Trade Commission's (FTC) written approval of the TPM's current Cigarette Health Warning Rotation Plan. <i>*cigarettes only</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	A copy of the current Centers for Disease Control and Prevention (CDC) Certificate of Compliance and Ingredient Report. <i>*cigarettes only</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	For each Brand Family, a letter from the Virginia Fire Marshall's Office indicating that the brands for which the TPM seeks certification satisfy Fire Standard Compliance (FSC) requirements. <i>*cigarettes only</i>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the TPM certified in other states?
<b>Supporting Documents Attached</b> <input type="checkbox"/>	If yes: provide a list of all other states in which TPM is certified.

**Part 9:** Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)

Under penalty of perjury, I state that (1) the Tobacco Product Manufacturer, as of the date of this Certification, is a Participating Manufacturer in full compliance with the Master Settlement Agreement; (2) the Tobacco Product Manufacturer is in compliance with all applicable sections of Va. Code §§3.2-4200 through 3.2-4219; (3) I have examined the six pages comprising this Certification, including attachments and supporting documents, and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct and complete; (4) I understand that the Tobacco Product Manufacturer is required to comply with state and federal laws concerning the sale of tobacco products; (5) I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Virginia Tobacco Directory; and (6) I am a qualified company officer authorized to bind the Tobacco Product Manufacturer making this Certification.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary:**

City/County of \_\_\_\_\_, State and Nation of \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Mail this *original* fully executed  
Certification and all attachments and  
supporting documents to:**

Office of the Attorney General  
Attn: Tobacco Section  
202 N. 9th Street  
Richmond, Virginia 23219

**Mail a copy of the Certification  
Application to:**

Virginia Department of Taxation  
Attn: Tobacco Tax Unit  
P.O. Box 715  
Richmond, Virginia 23218